2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90515 003 ***150.00

Pincipal Place of Dusiness 3. Mailing Address	DOCUMENT # P03000106746 1. Entity Name ARANDA MANAGEMENT COMPANY					05-02-2005 90515 003 ***150.00				
Suite, Apt. 4 etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State A. FEI Number 20-0818218 No. Certificate of Status Desired State Septemble Sept	4227 NORTH LAKE BOULEVARD		4227 NORTH LAKE BOULEVARD				50045298			
City & State Ci	2. Principal Place of Business		3. Mailing Address							
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SHAHEEN, WILLIAM M ESQ. 3351 N.W. BOCA RATON BLVD. BOCA RATON, FL 33431 Lack	Zip			Count	ry			Fee Required		
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.	Nome									
BOCA RATON, FL 33431 Lack Northbooke Blvd: City Ran Beach Cardens FL 252506 8. The aboye named fully submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Southur, types or private name of registered agent. FILE NOWILL FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ARANDA, MICHAEL ARA					Michelle L. Sides, ESQ					
8. The above Trained Philip submits this statement for the purposept changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the special agent, and accept the special agent accept the special agent, and accept the special agent accept the			}							
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SIGNATURE Schaffur, typout or primer name of registrative properties. Sides 4:-30-05 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.			or the purpose of changing it	s registere	d office or registe	red agent, or both	, in the State of Fig		and accept	
FILE NOWILI FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution: 10. OFFICERS AND DIRECTORS TITLE NAME SIREET ADDRESS CITY-ST-2P TITLE NAME SIREET ADDRESS SIRE	SIGNATURE DIO Lelle VIII Michelle L. Sides 4.22-05									
TITLE NAME STREET ADDRESS 4227 NORTH LAKE BOULEVARD CITY-ST-ZP PALM BEACH GARDENS, FL 33410	FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550				.00 May Be ded to Fees				
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this coord or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this coord or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is given by the second or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is given by the second or supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), Florida Statutes.	NAME STREET ADDRESS		☐ Delete	NAME STREE	ET ADDRESS			☐ Change	☐ Addition	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with air address, with all other like empowered.

SIGNATURE:

Michael F. Stranga

4.20.09

<u>561-626-6121</u>